

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	87792.026005
	First Named Inventor	Dunckley
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/524,724
	Filing Date	February 16, 2005
	Art Unit	
	Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Modified Tailed Oligonucleotides**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 02/16/2005 as United States Application Number or PCT International

Application Number 10/524,724 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0219143.5	GB	08/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Doc Code:

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/524,724
Filing Date	February 16, 2005
First Named Inventor	Dunckley
Title	Modified Tailed Oligonucleotides
Art Unit	
Examiner Name	
Attorney Docket Number	87792.026005

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer  
Number:

23469

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Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

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State

Zip

Country

Telephone

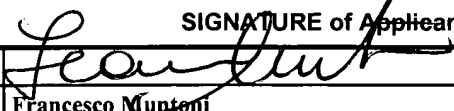
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	2/5/05
Name	Francesco Muntani	Telephone	20442083833295
Title and Company	Professor Pediatric Neurology, IMPERIAL COLLEGE LONDON		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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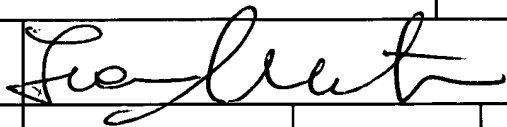
PTO/SB/02A (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Francesco		Muntoni		
Inventor's Signature				Date <u>25-8-05</u>
Residence: City	London	State	Country GB	Citizenship
Mailing Address	Department of Paediatrics, Imperial College London, Hammersmith Hospital, Du Cane Road			
City	London	State	ZIP W12 0NN	Country GB
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
City		State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
City		State	ZIP	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (11-04)

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INDICATION FORM**

Application Number	10/524,724
Filing Date	February 16, 2005
First Named Inventor	Dunkley
Title	Modified Tailed Oligonucleotides
Art Unit	
Examiner Name	
Attorney Docket Number	87792.026005

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer  
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Name	Registration Number

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Address					
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Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**


Signature	<i>I. C. Eperon</i>	Date	9 <sup>th</sup> November 2005
Name	Ian Charles Eperon	Telephone	0116 229 7012
Title and Company	PROFESSOR, UNIVERSITY OF LEICESTER		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 3 forms are submitted.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer	23469	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Matthew Graeme</u>			Family Name or Surname <u>Dunkley</u>		
Inventor's Signature 					Date <u>20/10/05</u>
Residence: City <u>London</u>		State	Country <u>GB</u>	Citizenship <u>BRITISH</u>	
Mailing Address <u>Dubowitz Neuromuscular Centre, Imperial College London, Hammersmith Hospital, Du Cane Road</u>					
City <u>London</u>		State	ZIP <u>W12 0NN</u>	Country <u>GB</u>	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Ian Charles</u>			Family Name or Surname <u>Eperon</u>		
Inventor's Signature <u>I. C. Eperon</u>					Date <u>9<sup>th</sup> November 2005</u>
Residence: City <u>Leicester</u>		State	Country <u>GB</u>	Citizenship	
Mailing Address <u>Department of Biochemistry, University of Leicester, University Road</u>					
City <u>Leicester</u>		State	ZIP <u>LE1 7RH</u>	Country <u>GB</u>	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR are attached					

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0851-0035

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Application Number	10/524,724
Filing Date	February 16, 2005
First Named Inventor	Dunckley
Title	Modified Tailed Oligonucleotides
Art Unit	
Examiner Name	
Attorney Docket Number	87792.026005

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Zip

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Telephone


Fax

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	20-10-05
Name	Matthew Graeme Dunckley	Telephone	800 896 2000
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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